Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN: 509-07527-2110-058	Date: 4/15/09	Time: 0300	
Location: 11705 S. Alameda St.		City or Station: Lynwood (CRDF)	
Bureau/Station/Facility: Field Operations II/Compton Station		Admin. Investigation: YES ☐ NO ☒	
Type of Force: Personal Weapon (fists, take down) Significant Use of Force			
Deputy Injury : YES ☒ NO ☐	Suspect Injury YES ☒ NO ☐		
☐ Call	☒ Observation	☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified: YES ☒ NO ☐	Person Notified: Lt. Slawson	Emp: [redacted]	IAB Roll Out: YES ☐ NO ☒

Involved Employee

E1

Employee # [redacted]	Last Name: Woodard	First Name: Theodore	Middle Name:
Sex: ☒ Male ☐ Female	Race: B	Unit of Assignment: Compton Station	Work Assignment (Unit #, Module, etc.): 286B
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 5'05" Weight: 152
☒ Injured ☐ Treated ☐ Admitted	Hospital: REFUSED TREATEMENT	Coroner Case #	Directed Force ☐ Significant Force ☒

E2

Employee # [redacted]	Last Name: Solano	First Name: Edgar	Middle Name:
Sex: ☒ Male ☐ Female	Race: H	Unit of Assignment: Compton Station	Work Assignment (Unit #, Module, etc.): 286B
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 5'06" Weight: 190
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☒

E_

Employee #	Last Name	First Name	Middle Name
Sex: ☐ Male ☐ Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: ☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty	Age:	Height: Weight:
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☐

☐ **Additional Involved Employees**

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[redacted]	Iketani	Douglas	M	SGT	YES ☐ NO ☒	YES ☐ NO ☒
					YES ☐ NO ☐	YES ☐ NO ☐

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[redacted]	Carrasco	Jess	

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[redacted]	Howard	Dorothy	

Dorothy Howard, Lieutenant — Watch Commander (**Print Name**)
[signature] — Watch Commander's **Signature**: — Emp #: [redacted] — Date: 4/21/09

Douglas Iketani, Sergeant — Supervisor Completing Form: (**Print Name**) — Emp #: [redacted]
Douglas Iketani, Sergeant — Copy Provided to Employee by: — Emp #: [redacted]

William M. Ryan, Captain — Unit Commander (**Print Name**)
[signature] — Unit Commander's **Signature**: — Emp #: [redacted] — Date: 4/29/09

CONTENTS NOTED TODD S. ROGERS 234309

DISCOVERY Use Only
FO# 2242740

12/16/09

Original: Discovery Unit
Copy: Unit Commander

SH-R-438P (Rev. 12/07)

Supervisor's Report on Use of Force
SUSPECT INFORMATION
5 0 9 - 0 7 5 2 7 - 2 1 1 0 - 0 5 8

Suspect Information

S 1

Last Name: Porter	First Name: Daryel	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex: ☒ Male ☐ Female	Race: B	Street Address: [redacted]	City: [redacted]	State & Zip Code: [redacted]

Work Phone: [redacted]	Home Phone: [redacted]	Age: 47	Height: 5'09"	D.O.B. 03/13/63	Weight: 160	Armed? ☐

Booking #: 1874845 Primary Charge Code: 243(e)1 P.C. Secondary Charge Code: 69 P.C. Criminal History [redacted]

EMT in attendance? ☐ YES ☒ NO Name: ______ Unit: ______ Phone #: ______

Hospital Admission? ☒ Rec'd Treatment At: LCMC Coroner Case #: ______ Mental History [redacted]

By Doctor: Dr. Lorentz Address: 1000 W. Carson St. Torrance, Ca. 90502 Phone #: 310-222-2345

Under Influence: ☐ YES ☒ NO Substance: UNK Mental Illness ☒

Suspect Interview

Date: 04/15/09	Time: 0310	Audiotape: ☐	Videotape: ☒	Photos of Injuries: ☒

Suspect Information

S__

Last Name:	First Name:	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex: ☐ Male ☐ Female	Race:	Street Address:	City:	State & Zip Code:

Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? ☐

Booking #: Primary Charge Code: Secondary Charge Code: Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: ______ Unit: ______ Phone #: ______

Hospital Admission? ☐ Rec'd Treatment At: ______ Coroner Case #: ______ Mental History ☐

By Doctor: ______ Address: ______ Phone #: ______

Under Influence: ☐ YES ☐ NO Substance: ______ Mental Illness: ☐

Suspect Interview

Date:	Time:	Audiotape: ☐	Videotape: ☐	Photos of Injuries: ☐

Suspect Information

S__

Last Name:	First Name:	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex: ☐ Male ☐ Female	Race:	Street Address:	City:	State & Zip Code:

Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? ☐

Booking #: Primary Charge Code: Secondary Charge Code: Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: ______ Unit: ______ Phone #: ______

Hospital Admission? ☐ Rec'd Treatment At: ______ Coroner Case #: ______ Mental History ☐

By Doctor: ______ Address: ______ Phone #: ______

Under Influence: ☐ YES ☐ NO Substance: ______ Mental Illness ☐

Suspect Interview

Date:	Time:	Audiotape: ☐	Videotape: ☐	Photos of Injuries: ☐

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
509 - 07527 - 2110 - 058

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

☐ Additional Witness

Supervisor's Report on Use of Force

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Porter	S1	Woodard	E1	RS	NN	
Porter	S1	Solano	E2	RS	NN	
Porter	S1	Woodard	E1	PH	NN	
Woodard	E1	Porter	S1	PH	SD	FA
Woodard	E1	Porter	S1	TT	LC	FA
Solano	E2	Porter	S1	PH	SD	FA
Solano	E2	Porter	S1	TT	NN	
Porter	S1	Woodard	E1	PK	CP	GR
Porter	S1	Solano	E1	PH	CP	NO
Solano	E1	Porter	S1	PH	NN	AD/CH
Woodard	E1	Porter	S1	RH	NN	
Solano	E2	Porter	S1	RH	NN	

Supervisor's Report on Use of Force
509-07527-2110-058

Force Applied

PERSONAL WEAPON: FISTS / TEAM TAKE DOWN / RESISTED HANDCUFFING / SIGNIFICANT FORCE

Incident Details

Deputy Woodard and Solano contacted and arrested Suspect Porter for a $30,000 spousal battery warrant. During the booking process at Century Regional Detention Facility (CRDF), suspect Porter became uncooperative and refused to comply with orders given to him by the deputies. Suspect Porter was escorted to holding cell #4 and instructed to remove his jewelry and shoe laces. Suspect Porter stood in the doorway and became verbally abusive toward the deputies. Suspect Porter took a combative stance and threatened to fight with deputies. The deputies were unable to safely retreat from the cell due to Suspect Porter standing in the doorway. Suspect Porter attempted to strike Deputy Woodard with his right hand. Deputy Woodard was able to block this attack and push the suspect toward the rear of the cell. Suspect Porter continued his assault on Deputy Woodard by striking Deputy Woodard on the groin with his right knee. Deputies Woodard and Solano performed a take down on Suspect Porter resulting in Suspect Porter hitting his face on the metal bench of the holding cell. Suspect Porter continued to be assaultive and continued his attack on both deputies. Suspect Porter struck Deputy Solano on the nose with one of his elbows temporarily incapacitating him. Deputy Solano defended himself by punching Suspect Porter several times on the body and face. Deputies Solano and Woodard repeatedly ordered Suspect Porter to stop resisting, but he would not comply. Deputies Woodard and Solano forced Suspect Porter's hands behind his back and handcuffed him.

Reported Use of Force by Involved Employee(s)

Deputy Woodard completed a written report of his observations and actions, which was consistent with the verbal notification of the use of force he reported to me.

Deputy Solano completed a written report of his observations and actions, which was consistent with his verbal notification of the use of force he reported to me.

Witness Interview(s)

There were no witnesses to this incident.

Suspect Interview(s)

Suspect Interview(s) Conducted By: ☒ **Watch Commander** ☒ **Supervising Sergeant**

SUSPECT PORTER'S STATEMENT

I interviewed S/ Porter with the video camera in the CRDF booking area. Watch Commander Lt. Howard was also present during my questioning of S/ Porter. S/ Porter was sitting on the bench inside of holding cell #4 and was handcuffed. I asked S/ Porter what happened. He said he did not know what happened and denied getting into a fight with the deputies. He said he was diagnosed 5150 WIC approximately three years ago and was prescribed medication for an unknown condition. He said he has not taken his psychiatric medication in a long time. He stated he did not use any drugs or drink any alcoholic beverages today. A few minutes later he admitted to drinking an unknown quantity of an unknown alcoholic beverage. S/ Porter appeared to remorseful after being told he was involved in a fight with deputies. S/ Porter apologized to the deputies for forcing them to fight with him.

S/ Porter complained of pain to his face and difficulty breathing due to injuries sustained to his nose.

Medical Review

S/ Porter was evaluated at CRDF by Los Angeles County Fire Department Paramedics. Due to S/ Porter's medical condition he was transported via radio car to Los Angeles County Medical Center for further evaluation and treatment. He was treated by Dr. Badri. Dr. Badri stated the injuries sustained by S/ Porter are consistent with a person who was struck on the face with personal weapons during a physical altercation or by a person who fell face first onto a hard object (bench). Dr. Badri stated S/ Porter sustained a fracture to his right orbital, nose fractures to both sides of the nose and bleeding in the head. He was unable to state further due to concerns regarding patient / doctor confidentiality.

Training & Tactical Review

Debriefing held to discuss training and tactical issues.

At the debriefing, I commended the deputies for being aware of the debilitating effects of cross contamination of OC spray in a confined area and recognizing S/ Porter's compliance was rapidly deteriorating. Personnel were reminded of the unpredictability of persons who may be mentally unstable and the propensity toward violence when confronted. As we have often seen when dealing with a mentally ill person, their demeanor can change very quickly. Possible improvements I offered was to have a "TASER" ready for deployment, requesting custody personnel stand by as backup and using a palm strike when hitting a suspect on the head or other hard portions of their body to avoid injuries to the hands. There appears to be no major training issues involved in this incident. It is my recommendation that no further investigation into this incident is required.

Watch Commander's Review

CONCLUSION/RECOMMENDATION

Based upon the above report of this incident and the information gathered, the force used by Deputies Woodard and Solano was objectively reasonable to prevent any escalation of S/ Porter's assaultive / high risk behavior. The deputies' actions were consistent with Departmental policy, procedures and training guidelines. I found the force used was properly reported, documented and within Department policy. I recommend that no further investigation into this incident is required.

Case Status

The facts of this case were submitted to the District Attorney's Office at Compton Court for filing considerations.